UTAH
FTA PROGRAMS

SURVEY OF EXISTING SERVICES

Dear Transportation Provider:

Please provide the information requested by this form as it applies to your agency. This data is necessary to evaluate existing transportation services and provide a base from which to identify future Utah transportation needs and develop plans that will serve these needs.

Should you have questions, please call Glenda Seelos or Doug Mears, at 965-4141 and 965-4150, respectively.

Name of your agency_____ Date_____

Person completing form_____ Title_____

Address_____ Phone_____

I. EQUIPMENT: Please provide the following information about your existing fleet. Attach additional listings, if necessary, to fully describe service.

A. Vehicles

Vehicle	**Condition: Excellent, Good, Fair or Poor**	**Make/ Model**	**Year**	**Total Mileage**	**Seating**		**Accessible**		**Title Holder**	
					# Ambul-atory	**# Wheel-chair**	**Yes: Lift or Ramp**	**No**	**Our Agency**	**Other (Specify)**
1										
2										
3										
4										

B. Radio Equipment: Do you have use of any two-way or CB radio equipment or other communications equipment, such as a mobile phone? ❝ Yes ❝ No
If yes, describe equipment:_____

Where is it located?_____

Do you own the equipment? ❝ Yes ❝ No

II. DESCRIPTION OF SERVICE (Please be as specific as possible)

A. Who do you provide transportation for? Check all that apply:

❝ Elderly ❝ Disabled ❝ Young ❝ Poor ❝ General Public
❝ Other (Please Specify)_____

B. What restrictions are placed on who can ride? Check all that apply:

❝ Age limitations. If so, please specify:_____

❝ Income Guidelines. If so, please specify:_____

❝ We serve only the clients of our agency. List qualifications:_____
_____

❝ Restricted to ambulatory persons. Explain_____
_____

❝ No restrictions. Elaborate_____

❝ Other. Please specify_____

C. What types of trips do you provide? Check all that apply:

❝ Medical ❝ Nutrition ❝ Employment ❝ Education ❝ Shopping ❝ Recreation
❝ General Purpose. Define_____

❝ Other. Please specify_____

D. Describe service area. Use additional sheets, if necessary, and/or attach map from service area outlined.

Commence From:_____
_____
_____
_____
_____
_____
_____
_____
_____

E. Specify your days and hours of service by checking the appropriate spaces:

Time	MON	TUES	WED	THURS	FRI	SAT	SUN
7:00-9:00 AM							
9:00-11:00 AM							
11:00-1:00 PM							
1:00-3:00 PM							
3:00-5:00 PM							
5:00-7:00 PM							
7:00-9:00 PM							
9:00-11:00 PM							
11:00-1:00 AM							
1:00-3:00 AM							
3:00-5:00 AM							
5:00-7:00 AM							

F. How do you schedule rides? Check all that apply:

- ❛ Riders must call in at least _____(how many) hours in advance.
- ❛ Riders are picked up at designated points. Our system is a fixed route.
- ❛ We transport groups associated with social service activities.
- ❛ On call.
- ❛ Other. Please specify_____

G. Do you ask for donations? ❛ Yes ❛ No

H. Do you charge a fare? ❛ Yes ❛ No If so, how much?_____

III. OPERATING CHARACTERISTICS

A. Maintenance Program

- ❛ In-house (our own facility)
- ❛ Out-of-house (done elsewhere). By whom_____

(Company Name)

If in-house:

Maintenance facility:_____Square Feet
Number of Maintenance Personnel:_____
Maintenance capabilities:_____
_____
_____

Other Comments:_____
_____

B. Fuel

Where do you buy your gasoline/diesel?_____

Where do you buy your engine oil?_____

C. Driver Profile

Number of Drivers: _____part-time _____full-time _____volunteers
What Class Driver License is required?_____
Average wage per hour_____
Training requirements. Check those that apply:

❝ First aid ❝ CPR ❝ Defensive driving ❝ Passenger assistance techniques ❝ Passenger relations
❝ Other. Please specify_____

Comments:_____
_____
_____

D. Vehicle Insurance

Company Name providing coverage:_____

	Cost of Coverage	**Limits of Coverage**
Liability		
Comprehensive		
Collision		
Other (specify)		

IV. ASSISTANCE NEEDED FOR YOUR TRANSPORTATION SERVICES

Please rank in order (1-10 or as many as needed) the following, with #1 being the item needed the most to help you with your transportation operation.

_____New vehicles
_____Accessible vehicles (lift/ramp equipped)
_____Radio dispatching services
_____Drive training program
_____Managerial training
_____Gaining adequate insurance coverage at affordable costs
_____Affordable/dependable equipment maintenance
_____Assistance in informing public or client group of services (marketing)
_____Assistance in coordinating services with other agencies
_____Assistance in hiring and sharing drivers
_____Assistance in funding volunteer drivers
_____Grantsmanship assistance, for equipment and/or operations funding
_____Other. Please specify_____
_____Other. Please specify_____
_____Other. Please specify_____
_____Other. Please specify_____
_____Other. Please specify_____

Comments:_____

V. PERFORMANCE INDICATORS

A. State the number of one-way passenger trips* provided to:

	Monthly	**Annually**
Elderly 60+ years		
Disabled		
Young 10-18 years		
Under 10 years		
19-58 years		
TOTAL:		

*How to count one-way passenger trips: Each time a person boards and gets off, a <u>one-way passenger trip</u> has been made. For example, if you pick up a lady at her home and take her to the doctor and then take her home, you have provided two one-way passenger trips. In counting the number of one-way trips provided to specific categories, count them as you do in your programming. <u>Don't count the same person in more than one age category</u>.

B. Of the number of one-way passenger trips provided, how many were made by persons in wheelchairs?
Monthly_____ Annually_____

C. Specify the number of one-way passenger trips provided for each purpose:

	Typical Month	Typical Year
Medical		
Employment		
Nutrition		
Social/Recreational		
Education		
Shopping		
Other		
TOTAL:		

D. Please fill in the following. Exclude Deadhead Miles (see page end for explanation of terms):

Specify reporting period: From_____To_____

1. Average number of vehicles in service daily (number refers to passengers, e.g., 15-25 passengers):
   _____cars _____vans<15 _____buses 16-25 _____buses >25 _____Other _____
   TOTAL
2. Average number vehicles operated daily: _____Fixed Routes _____Demand/Responsive
3. Average number of daily one-way passenger trips:
   _____Fixed-Route _____Demand/Responsive _____TOTAL

Please attach any brochures or printed material about your service.

If the above information has not given a complete description of your transportation operation, please do so on additional pages.

Thank you for your cooperation,

UDOT TRANSIT STAFF

GLOSSARY OF TERMS

Deadhead Miles: Non-service miles. Essentially the miles a vehicle operates from the garage to the route.

Demand/Responsive Service: Service designed to carry passengers from their origins to specific destinations (generally door-to-door) on an immediate demand or advance reservation basis.

Fixed-Route Service: Service operated over a set route or network of routes, generally on a regular schedule.

One-Way Passenger Trip: Each time a person boards at their origin and gets off at their destination is a one-way passenger trip (see Part E.1.).